

SEP 16 2005

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FAX TRANSMISSION*Total [redacted] pages, including cover sheet*

To: Commissioner for Patents
 U.S. Patent and Trademark Office Fax no.: 571-273-8300

From: Tel. (202) 736-8000

Date: September 16, 2005

Re: Filing Fee Transmittal, Amendment, Request for Extension of Time, and Notice of Appeal

Serial No.: 10/052,798
 Confirmation No.: 4012
 Filed: November 2, 2001
 Applicant: Camellia W. ADAMS, et al.
 For: APO-2 RECEPTOR

Group Art Unit: 1646
 Examiner: Eileen B. O'HARA

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. § 1.8

I CERTIFY THAT THE FOLLOWING DOCUMENTS ARE BEING TRANSMITTED TO THE USPTO AT FAX NUMBER (703) 872-9306 ON THE DATE SHOWN:

1. Fee Transmittal
2. Amendment Under 37 C.F.R. § 1.116
3. Request for Extension of Time
4. Notice of Appeal

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Chianti M. Lloyd
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Chianti M. Lloyd
 PRINTED NAME

9/16/2005
 DATE

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SEP 16 2005

Attorney Docket No. 22338-904

ART UNIT 1646
EXAMINER Eileen B. O'HARA
INVENTOR(S) Camellia W. ADAMS
SERIAL NUMBER 10/052,798
FILED November 2, 2001
FOR APO-2 RECEPTOR

FEE TRANSMITTAL FOR AMENDMENT, NOTICE OF APPEAL AND PETITION FOR EXTENSION OF TIME

THE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Sir:

| | | | | | |
|---|--|--|--|--|--|
| FEE CALCULATION FOR ENCLOSED AMENDMENT, NOTICE OF APPEAL, AND PETITION FOR EXTENSION | | | | | |
|---|--|--|--|--|--|

| Claims Remaining | Highest No. Previously Paid | Number Extra | Rate | Additional Fee |
|--|-----------------------------|--------------|------|-----------------------|
| Total Claims | 144 | 95 | 49 | \$50.00 2450.00 |
| Independent Claims | 12 | 18 | 0 | \$200.00 0.00 |
| Surcharge For Multiple Dependent Claim First Added | | | | \$360.00 \$ 0.00 |
| <input checked="" type="checkbox"/> Applicant requests a three month extension of time for response to the outstanding Office Action. The large entity fee is\$1020.00 | | | | \$ |
| TOTAL | | | | \$ |
| <input type="checkbox"/> SMALL ENTITY STATUS (if applicable, divide TOTAL by 2) <input type="checkbox"/> Verified Statement enclosed, if not previously filed. | | | | |
| <input type="checkbox"/> Reduction for Extension Fee of four months already paid | | | | \$0.00 |
| <input checked="" type="checkbox"/> OTHER: Notice of Appeal | | | | \$500.00 |
| TOTAL | | | | \$3970.00 |

- A check is enclosed to cover the fees as calculated above.
 The fees calculated above are to be charged to Deposit Account No. 18-1260

If for some reason applicant has not requested a sufficient extension of time and/or has not paid a sufficient fee for this response and/or the extension of time necessary to prevent the abandonment of this application, please consider this as a Request for an Extension for the required time period and/or an authorization to charge our Deposit Account No. 18-1260 for any fee which may be due. A duplicate copy of this sheet is enclosed.

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By: David J. Shiff
Reg. No. 46,042

Date: September 16, 2005